

Smart Home Cover Proposal Form

Allianz General Insurance Company (Malaysia) Berhad ('Company') is licensed under the Financial Services Act 2013 and regulated by Bank Negara Malaysia ('BNM').

Consumer Insurance Contract

Pursuant to Paragraph 5 of Schedule 9 of the Financial Services Act 2013, if you are applying for this Insurance **wholly for purposes unrelated to your trade, business or profession**, you have a duty to take reasonable care not to make a misrepresentation in answering the questions in this Proposal Form and disclose any other matter that you know to be relevant to our decision in accepting the risks and determining the rates and terms to be applied, otherwise it may result in avoidance of contract, claims denied or reduced, terms changed or varied, or contract terminated.

Non-consumer Insurance Contract

Pursuant to Paragraph 4 (1) of Schedule 9 of the Financial Services Act 2013, if you are applying for this Insurance for purposes related to your trade, business or profession, you have a duty to disclose any matter that you know to be relevant to our decision in accepting the risks and determining the rates and terms to be applied and any matter a reasonable person in the circumstances could be expected to know to be relevant, otherwise it may result in avoidance of contract, claims denied or reduced, terms changed or varied, or contract terminated.

This duty of disclosure for Consumer and Non-consumer Insurance Contract shall continue until the time the contract is entered into, varied or renewed.

You also have a duty to tell us immediately if at any time after your contract of insurance has been entered into varied or renewed with us any of the information given is inaccurate or has changed.

You should ensure that this Proposal Form is completed correctly as it forms the basis of the Insurance Contract. This basis of contract clause shall not apply if you are an individual applying for this insurance wholly for purposes unrelated to your trade, business or profession.

This Proposal Form shall form part of the Policy Contract. Policy owners are advised to read the policy carefully and understand its contents. You are encouraged to seek clarification from the Company if necessary.

The liability of the Company does not commence until acceptance of the proposal form has been intimated by the Company or policy has been issued.

Period of Insurance:

From - - To - -

Cover Note No.:

-

Agent Code:




-

Please complete in CAPITAL LETTERS/Tick in the appropriate boxes.

PART 1 - PARTICULARS OF PROPOSER

Name of Proposer (as per NRIC/ Passport)	<input type="text"/>
Salutation	<input type="checkbox"/> Mr <input type="checkbox"/> Madam <input type="checkbox"/> Miss
Correspondence Address	<input type="text"/> <input type="text"/> <input type="text"/> Post Code <input type="text"/>
Contact No.	(H) <input type="text"/> <input type="text"/> — <input type="text"/> <input type="text"/> (O) <input type="text"/> <input type="text"/> — <input type="text"/> <input type="text"/> (HP) <input type="text"/> <input type="text"/> — <input type="text"/> <input type="text"/> (Email) <input type="text"/>
Date of Birth	<input type="text"/> — <input type="text"/> — <input type="text"/> <input type="text"/> NRIC/Bus. Reg./Passport No. <input type="text"/>
Nationality	<input type="checkbox"/> Malaysian <input type="checkbox"/> Others <input type="text"/>
Occupation	<input type="text"/>
Situation/Address	<input type="text"/> <input type="text"/> <input type="text"/> Post Code <input type="text"/>
Mortgagee/Chargee (if any)	<input type="text"/>

Allianz Customer Service Center

Allianz Arena, Ground Floor, Block 2A, Plaza Sentral, Jalan Stesen Sentral 5, Kuala Lumpur Sentral, 50470 Kuala Lumpur
Allianz Contact Center: 1 300 22 5542 Email: customer.service@allianz.com.my   AllianzMalaysia  allianz.com.my

PART 2 - PROPERTY TO BE INSURED

The SUM to be insured must represent FULL VALUE of the property, the Proposer being required to sign a declaration to that effect below. The insurance will be subject to average, which means that if at the time of loss or damage the sum insured is less than the full value of the property insured the amount payable is proportionately reduced.

Section I - BUILDINGS	SUM TO BE INSURED
The Proposer's Private Dwelling House or Flat / Apartment / Condominium and all the Domestic Offices, Stables, Garages and Out-Buildings used solely in connection therewith and on the same premises including Fixtures and Fittings therein and the Walls, Gates and Fences around and pertaining thereto situate at as above mentioned.	
Option 1 – Agreed Value Basis <input type="checkbox"/> <i>(Sum insured will be calculated based on Allianz Agreed Value Calculator subjected to the below information)</i> Please declare the below information accurately Building Type/Type of Property: <input type="checkbox"/> Terrace/Town House <input type="checkbox"/> Semi-Detached/Cluster House <input type="checkbox"/> Detached House/Bungalow No. of Storey: _____ Storey(s) Gross Built-Up Area of the building: _____ sq feet / sq meter (Please strikethrough the non applicable) Finished Cost/Quality of Property: <input type="checkbox"/> Low Cost <input type="checkbox"/> Medium Cost <input type="checkbox"/> High Cost External Improvement/ Internal Fitting/ Improved Finishes: RM _____ (optional)	To refer to Allianz Agreed Value Calculator
Option 2 – Market Value / Reinstatement Value Basis <input type="checkbox"/> <i>(Sum Insured to be calculated based on the reconstruction cost of the insured property)</i>	
Total Sum Insured on Buildings	RM

Section II – CONTENTS	SUM TO BE INSURED										
Option 1 – Full Value Basis On Household Goods and Personal Effects of every description (except as aftermentioned) the property of the Proposer or any member of the Proposer's family and domestic staff normally residing with the Proposer in the Proposer's Private Dwelling and all the Domestic Offices, Stables, Garages and Out-buildings used solely in connection therewith and on the same premises situate at as above mentioned.											
No one article (Furniture, Pianos, Organs, Household Appliances, Radios, Television Sets, Video Recorder Sets, Hi-Fi Equipment and the like excepted) will be deemed of greater value than five (5) per cent of the Total Sum Insured on the said Contents unless such articles is specially declared as a separate item.											
Specify here any such articles of greater value than five (5) per cent of the Total Sum Insured on the said Contents) value than five (5) per cent of the Total Sum) Insured on the said Contents)											
Total Sum Insured on Contents	RM										
Option 2 – First Loss without Average Basis <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;"><input type="checkbox"/> Plan A</th> <th style="width: 20%;"><input type="checkbox"/> Plan B</th> <th style="width: 20%;"><input type="checkbox"/> Plan C</th> <th style="width: 20%;"><input type="checkbox"/> Plan D</th> <th style="width: 20%;"><input type="checkbox"/> Plan E</th> </tr> </thead> <tbody> <tr> <td>RM10,000</td> <td>RM20,000</td> <td>RM30,000</td> <td>RM50,000</td> <td>RM70,000</td> </tr> </tbody> </table>	<input type="checkbox"/> Plan A	<input type="checkbox"/> Plan B	<input type="checkbox"/> Plan C	<input type="checkbox"/> Plan D	<input type="checkbox"/> Plan E	RM10,000	RM20,000	RM30,000	RM50,000	RM70,000	
<input type="checkbox"/> Plan A	<input type="checkbox"/> Plan B	<input type="checkbox"/> Plan C	<input type="checkbox"/> Plan D	<input type="checkbox"/> Plan E							
RM10,000	RM20,000	RM30,000	RM50,000	RM70,000							

Section III – MORTGAGE LOAN INSTALLMENT PROTECTION			
Covers your monthly loan installment for the insured building against Damage to Building and Accidental Death & Permanent Disablement to Insured			
Benefits	<input type="checkbox"/> Plan A	<input type="checkbox"/> Plan B	<input type="checkbox"/> Plan C
a. House deemed temporarily uninhabitable arising from insured perils other than theft	Up to RM 10,000 or 6 months	Up to RM 20,000 or 6 months	Up to RM30,000 or 6 months
b. Accidental Death & Permanent Disablement	Up to RM 10,000 or 6 months	Up to RM 20,000 or 6 months	Up to RM 30,000 or 6 months

Section IV – HOMEFIX			
Benefits	<input type="checkbox"/> Plan A	<input type="checkbox"/> Plan B	<input type="checkbox"/> Plan C
1. Repair of Burst Pipe	Up to RM5,000	Up to RM10,000	Up to RM20,000
2. Repair or Replacement of Doors, Locks and Windows	Up to RM200	Up to RM200	Up to RM200
3. Domestic Help Allowance	Up to RM100	Up to RM200	Up to RM300
4. Home Repair/Service via Partner Website	RM50	RM60	RM80
5. Home Care via Partner Website	RM1,000	RM1,500	RM2,500

Section V - LANDLORD INSURANCE			
Benefits	<input type="checkbox"/> Plan A	<input type="checkbox"/> Plan B	<input type="checkbox"/> Plan C
1. Malicious Damage by Tenant	RM2,000	RM2,000	RM2,000
2. Tenant Runaway	N/A	RM1,000 (RM500 /incident)	RM3,000 (RM1,500 /incident)
3. Legal Fee for Letter of Demand	Limited to twice in a year	Limited to twice in a year	Limited to twice in a year

IMPORTANT NOTE

- The value of Platinum, Gold and Silver Articles, Jewellery and Furs payable under the Policy is limited to one-third of the Total Sum Insured on Contents.
- This Policy is for Private Dwellings and/or Contents contained therein, occupied solely for residential purposes or residential and domestic office purposes.
No manufacture or deposit or storage of merchandise may be allowed in the Private Dwelling or in any portion of the premises of which the Private Dwelling forms a part.
- This Policy does not cover property more specifically insured or, unless specially mentioned declared herein:-
Deeds, Bonds, Bills of Exchange, Promissory Notes, Cheques, Securities for Money, Stamps, Documents of any kind, Cash, Currency Notes, Bank Notes, Manuscripts, Medals and Coins, Motor Vehicles and Accessories.

PART 3 - OTHER DETAILS

1. Of what materials is the dwelling constructed. (a) Walls? (b) Roof?	(a) <input type="checkbox"/> bricks, Others, Specify _____ (b) <input type="checkbox"/> tiles, Others, Specify _____
2. (a) What is its height in storey? (b) Year of construction?	(a) <input type="checkbox"/> Single <input type="checkbox"/> Double <input type="checkbox"/> Flats <input type="checkbox"/> Others Flats/Other, Specify, _____ storey (b) _____
3. Are there any outbuildings and, if so, how are they constructed? (a) Walls? (b) Roof?	<input type="checkbox"/> YES <input type="checkbox"/> NO (a) _____ (b) _____
4. Please state the nature of your residence (tick whichever applicable) (a) Detached Private Dwelling House. Please state the distance away from the nearest building (excluding small out-houses)? (b) Non-detached Private Dwelling House (c) Flat/Apartment/Condominium (i) with separate entrance exclusively under your control (ii) without separate entrance and not under your control (d) Room not self-contained	(a) <input type="checkbox"/> (b) <input type="checkbox"/> (c) <input type="checkbox"/> (i) <input type="checkbox"/> (ii) <input type="checkbox"/> (d) <input type="checkbox"/>
5. Is the dwelling occupied solely by you and your family and servants? If no , state number of other tenants, lodgers, boarders or paying guests.	<input type="checkbox"/> YES <input type="checkbox"/> NO
6. Will the dwelling regularly be left unoccupied? Attention is drawn to a Proviso in the Policy that cover against Theft will be suspended for any period or periods in excess of 90 days in any one period of insurance during which the dwelling be left without an inhabitant therein unless specially agreed to by the Company.	<input type="checkbox"/> YES <input type="checkbox"/> NO _____
7. Are the buildings in a good state of repair and will they be so maintained?	<input type="checkbox"/> YES <input type="checkbox"/> NO

<p>8. Is insurance required against:</p> <p>(a) Full Theft (under Contents only)</p> <p>(b) Riot, Strike and Malicious Damage (under Buildings and Contents)</p> <p>(c) Accidental damage to plate glass (under Buildings only)</p> <p>(d) Rent Insurance under Additional Benefit E of the policy in excess of the 10% of the Total Sum Insured on Buildings and/or Contents.</p> <p>(e) Subsidence and landslip (under Buildings and/or Contents)</p> <p>(Note : Additional rates will be quoted on application for items (a) to (e) above.)</p>	<p>(a) <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>(b) <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>(c) <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>(d) <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If yes, limit increased to : _____%</p> <p>(e) <input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>9. Has any Company or Insurer in respect of any of the contingencies to which this proposal applies:</p> <p>(a) Declined to insure you?</p> <p>(b) Required special terms to insured you?</p> <p>(c) Cancelled or refused to renew your insurance?</p> <p>(d) Increased your premium on renewal?</p> <p>If so, please give particulars.</p>	<p>(a) <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>(b) <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>(c) <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>(d) <input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>10. Have the Buildings and/or Contents suffered damage by hurricane, cyclone, typhoon, windstorm or flood during the past five years?</p> <p>If so, please give particulars.</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>11. Have you ever sustained loss from any of the perils required in Q8? If so, please give particulars.</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>12. Have you ever sustained loss from any of the hereinmentioned perils, other than those referred to in Q8 and Q10 above? If so, please give particulars.</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>13. Have you any other policies in force covering any of the contingencies to be insured against? If so, please give particulars.</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>14. If this proposal is in lieu of any insurance with this Company, please give particulars.</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>15. Is your home used for any business purposes other than clerical? (This includes any garage or outbuildings)</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>

PART 3 - PAYMENT INSTRUCTION

I enclose cash/cheque no.: _____ for RM _____ made payable to Allianz General Insurance Company (Malaysia) Berhad.

Credit Card Payment



Direct Debit Authorization

I hereby request and authorize Allianz General Insurance Company (Malaysia) Berhad (Allianz) to debit my credit card account indicated below the amount (in RM) of the annual premium due as stated below or such other amount (in RM) as advised by Allianz from time to time under my insurance policy set out below.

Name Of Cardmember

Cardmember's Account No.

Expiry Date —

mm yyyy

Name of Insured

1.

Total Payable (RM) _____

PART 4 - DECLARATION

I hereby confirm the above information provided in this standing instruction is correct and true. In the event of any changes or cancellation of the instruction above, I shall keep Allianz informed in writing or by giving fresh standing instructions. Further, I agree that the Terms and Conditions as for credit card payments shall apply which, shall be made available upon my request.

Signature Of Cardmember
(Signature must correspond with the Cardmember's signature on the credit card)

Date

PART 5 - DATA PRIVACY AND DISCLOSURE OF PERSONAL INFORMATION

Protection of your privacy is very important to us. Please visit our website at "<http://www.allianz.com.my>" to view our Privacy Statement (NOTICE TO CUSTOMERS OF ALLIANZ GENERAL INSURANCE COMPANY (MALAYSIA) BERHAD ON THE PERSONAL DATA PROTECTION ACT 2010).

Disclosure & Consent

The personal data You supply will be used by the Allianz Group and its agents to facilitate the performance of Our function as an insurance company according to the Privacy Statement. By signing on this proposal form You consent to the use of Your personal data for the purposes as stated in the Privacy Statement.

PART 6 - GENERAL IMPORTANT NOTICE

1. You also have a duty to tell us immediately if at any time after your contract of insurance has been entered into, varied or renewed with us, any of the information given is inaccurate or has changed.
2. You should ensure that the application form is completed accurately as it forms the basis of the insurance contract.
3. This Proposal Form shall form part of the Policy contract Policy owner is advised to read the policy carefully and understand its contents. You are encouraged to seek clarification from Allianz General Insurance Company (Malaysia) Berhad if necessary.
4. Your attention is drawn to the 60 days Premium Warranty attached to the policy. By this warranty, the insurance policy is automatically cancelled unless the full premium is paid to the Company within 60 days from commencement date of cover.
5. We reserve the right of acceptance, coverage will only be effective upon approval by Allianz General Insurance Company (Malaysia) Berhad (200601015674).

PART 7 - DECLARATION

I/We understand that it is my/our duty to take reasonable care not to make a misrepresentation in answering the questions in this Proposal Form and I/we hereby declare that I/we have fully and accurately answered the questions above.

I/We agree that no insurance shall commence until the Proposal has been accepted by the Company.

Date — —
Day Month Year

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Signature of Proposer/Company's Chop